

A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

SHBP COVERAGE FOR STATE PART-TIME EMPLOYEES

State Health Benefits Program

INTRODUCTION

Chapter 172, P.L. 2003 provides certain part-time employees of the State of New Jersey and part-time faculty members at a New Jersey State college, State university, or certain County or Community colleges eligibility for enrollment for coverage in the State Health Benefits Program (SHBP), provided that the part-time employee is a member of a State-administered retirement system. The employee can only enroll in **NJ PLUS** and the **Employee Prescription Drug Plan**. These plans are described at the end of this fact sheet. If an eligible employee or faculty member elects to enroll and purchase coverage, the employee or faculty member must pay the full cost of the coverage.

The plan benefits, as well as the rules and procedures of the plans, are the same for part-time enrollees as they are for all other enrollees, **except for those areas listed below**. If a specific topic is not outlined in this publication, please refer to the information provided in the *NJ PLUS Member Handbook* or the *Employee Prescription Drug Plan Member Handbook*.

ELIGIBILITY AND ENROLLMENT

Part-time Active Employee Eligibility

Eligibility for coverage is determined by the State Health Benefits Program (SHBP). Enrollments, terminations, changes to contracts, etc. must be processed through your employer first, then the SHBP. If you have any questions concerning eligibility provisions, you should see your employer or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524.

To be eligible for coverage under the provisions of Chapter 172, an employee **must** be:

- A member of a State-administered retirement system (Public Employees' Retirement System or the Teachers' Pension and Annuity Fund); and:

- A part-time employee of the State of New Jersey, a State college or university, the Palisades Interstate Parkway Commission, the New Jersey Building Authority, the State Library, or the New Jersey Commerce and Economic Growth Commission; or
- A part-time faculty member — including part-time lecturer or adjunct faculty member — employed by a State College, State University, or a County or Community College **that participates in the State Health Benefits Program**.

Enrollment

You cannot be covered by the health benefits provided under Chapter 172, P.L. 2003, until you enroll in **both** a New Jersey State-administered retirement system and the SHBP. When you become eligible for enrollment in a retirement system, your employer will provide you with the *Part-Time Employees State Health Benefits Program Application*. You must complete the application, providing all of the information requested, and submit it to your employer.

Part-time employees may select **both** NJ PLUS and the Employee Prescription Drug Plan coverage, **or** they may select NJ PLUS coverage **only** (part-time employees cannot enroll in only the Employee Prescription Drug Plan).

Once you are enrolled in the SHBP, **you will be billed monthly** for the cost of your selected coverage. Rate charts showing the cost of coverage are available from your employer or on the SHBP's Internet home page at: www.state.nj.us/treasury/pensions/shbp.htm

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next Open Enrollment period (for exceptions see the "Change of Coverage" section of the *NJ PLUS Member Handbook*). Open Enrollment periods generally occur once a year. Information concerning the duration of the Open Enrollment period and effective

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dates of coverage are announced by the Division of Pensions and Benefits.

Effective Dates of Coverage

There is a **waiting period of two months following your eligibility date** before your SHBP health benefits coverage begins, provided you submit a completed *Part-Time Employees State Health Benefits Program Application*. For example, if you become eligible for enrollment in the retirement system on October 1 and apply for coverage under Chapter 172, your SHBP coverage will be effective December 1.

For some part-time employees, retirement system enrollment may be concurrent with their date of hire; other part-time employees may not be eligible for retirement system enrollment until their 13th month of continuous employment (see your human resources representative to determine your enrollment eligibility date).

Your eligible dependent's coverage is effective the same date as yours.

If you are eligible as of the January 1, 2004 effective date of Chapter 172, **your coverage starts after you have satisfied the 60-day waiting period on March 1, 2004**, provided you submit a completed Part-Time Employee State Health Benefits Program Application to your employer prior to January 30, 2004.

The following **exceptions** apply to the effective dates of coverage provided that a completed *Part-Time Employees State Health Benefits Program Application* is received for processing.

- If you have an **annual contract**, are paid on a 10-month basis, and are eligible for Chapter 172 coverage at the beginning of the contract year, your coverage will begin on September 1.
- If you were enrolled in the SHBP as a part-time employee with your previous employer and your coverage is still in effect on the day you begin work with your current employer (COBRA coverage excluded), your coverage begins immediately so you have no break in coverage.

Coverage changes involving the addition of depend-

ents are effective retroactive to the date of the event (marriage, birth, adoption, etc.) providing the application is filed within 60 days of the event. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the Health Benefits Bureau. Dependent children are automatically terminated as of the end of the year they attain age 23.

Leave-of-Absence

If you take an approved leave-of absence, your SHBP coverage will remain in effect provided that you continue to pay your billed monthly premiums.

Workers' Compensation

If you have a Workers' Compensation award pending or have received an award of periodic benefits under Workers' Compensation or the Second Injury Fund, you and your dependents are entitled to have continued coverage at the same level as when you were an active employee. You must continue to pay your billed monthly premiums.

RETIREE NJ PLUS COVERAGE

Retiree Eligibility

Upon retirement, part-time State employees and part-time faculty members who are enrolled in the SHBP under the provisions of Chapter 172, are permitted to enroll in retired group **NJ PLUS** coverage provided that they continue to pay the full cost of their retiree coverage. Prescription drug coverage for retirees is provided through NJ PLUS — **retirees are not eligible for the Employee Prescription Drug Plan**.

Retirees should also see the SHBP's provisions regarding the requirement to be enrolled in Medicare Part A and Part B coverage, as outlined in the *NJ PLUS Member Handbook*.

Note: Health benefits coverage under the provisions of Chapter 172 does not qualify an employee for State-paid or employer-paid post-retirement health care benefits under the SHBP.

COBRA COVERAGE

Upon termination of SHBP coverage provided under Chapter 172, continued coverage in NJ PLUS and

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the Employee Prescription Drug Plan is available under federal COBRA legislation. See the *NJ PLUS Member Handbook* and the *Employee Prescription Drug Plan Member Handbook* for more information on COBRA coverage

PURCHASE OF INDIVIDUAL INSURANCE COVERAGE

Part-time State employees and part-time faculty members who are eligible to enroll in the SHBP under provisions of Chapter 172, **are not eligible** for other health coverage plans available under the provisions of the New Jersey Individual Health Coverage Program (IHCP). If you are covered under the IHCP and eligible for coverage under Chapter 172, you must contact the carrier regarding cancellation of your IHCP benefits. You may re-enroll in the IHCP during the IHCP's October open enrollment period (for a January effective date). If your SHBP benefits terminate, you are immediately eligible for coverage in the individual market. To avoid the possibility of the application of a preexisting condition waiting period, you must obtain individual coverage within 31 days of the loss of your SHBP coverage.

Additional information about the IHCP can be obtained from the New Jersey Individual Health Coverage Board at the Department of Banking and Insurance by calling 1-800-838-0935 or at: www.njdobi.org

PLAN DESCRIPTIONS

NJ PLUS

NJ PLUS is a point-of-service plan that is a blend of a traditional indemnity plan and an HMO. It provides managed care to its members through its own network of providers. It also offers out-of-network benefits that provides reimbursement to providers and members for expenses for services rendered for the treatment of illness and injury.

NJ PLUS is currently administered for the SHBP by Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) which means that Horizon BCBSNJ is the claims payer for all covered members.

NJ PLUS offers:

- A network of providers, which includes primary care physicians (PCP) internists, general prac-

tioners, pediatricians, specialists, and hospitals.

- A full range of services when you use network providers to include well-care and preventive services such as annual physicals, well-baby/well-child care, immunizations, mammograms, annual gynecological examinations, and prostate examinations.
- In-network services, which are generally covered in full after a small copayment.
- No filing of claim forms when you use in-network services.
- In-network hospital admissions covered in full.
- An out-of-network option whereby you may use providers who are not in the network and receive a 70 percent reimbursement of the reasonable and customary allowance for most care after a deductible is met.

For more information about NJ PLUS, see the *NJ PLUS Member Handbook* which is available from your employer, by contacting the Division of Pensions and Benefits, or online at: www.state.nj.us/treasury/pensions/shbp.htm

Employee Prescription Drug Plan

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by Horizon BCBSNJ through AdvancePCS.

For each 30-day supply of prescription medication obtained at a retail pharmacy, participants pay a \$1 copayment for generic drugs and a \$5 copayment for brand name drugs. You may purchase up to a 90-day supply of medication at a pharmacy when prescribed by your provider, by paying the applicable copayments (31- to 60-day supply — two copayments, 61- to 90-day supply — three copayments).

A mail order program is also available. When mail order is used, up to a 90-day supply of medication has a \$1 copayment for generic drugs and a \$5 copayment for brand name drugs.

For more information about the Employee Prescription Drug Plan, see the *Employee Prescription Drug Plan Member Handbook* which is

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available from your employer, by contacting the Division of Pensions and Benefits, or online at: www.state.nj.us/treasury/pensions.shbp.htm

Retiree Prescription Drug Plan

Retirees are not eligible for the Employee Prescription Drug Plan. Prescription drug benefits for retirees covered under Chapter 172 are **provided through NJ PLUS**.

Retirees enrolled in NJ PLUS have a prescription drug card program with a three-tier copayment design.

The following copayment amounts are applied to prescriptions purchased through the NJ PLUS Retiree Prescription Drug Plan.

| Retail Pharmacy — up to a 90-day supply copayment amounts | | | |
|---|---------|-----------------|-----------------|
| Supply | Generic | Preferred Brand | All Other Brand |
| 01-30 days | \$6 | \$13 | \$26 |
| 31-60 days | \$12 | \$26 | \$52 |
| 61-90 days | \$18 | \$39 | \$78 |

| Mail Order — up to a 90-day supply copayment amounts | | | |
|--|---------|-----------------|-----------------|
| Supply | Generic | Preferred Brand | All Other Brand |
| 01-90 days | \$6 | \$19 | \$32 |

There is a \$474 annual maximum in prescription drug copayments per person. Once a person has paid \$474 in copayments in a calendar year, that person is no longer required to pay any prescription drug copayments for the remainder of that calendar year. Prescription drug copayments are not eligible for reimbursement and do not apply to NJ PLUS out-of-network deductible or coinsurance amounts.

The Retiree Prescription Drug Plan is administered by AdvancePCS. In the event a pharmacy does not participate with AdvancePCS, you should pay for the prescription and file a claim with: AdvancePCS, P.O. Box 853901, Richardson, TX 75085-3901.

This fact sheet has been produced and distributed by:

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This fact sheet is a summary and not intended to provide total information.
Although every attempt at accuracy is made, it cannot be guaranteed.

A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**SUMMARY OF CHAPTER 172 BENEFITS**

The following charts provide a quick summary of the benefits available from NJ PLUS and the Employee Prescription Drug Plan under Chapter 172.

| NJ PLUS COVERAGE AVAILABLE UNDER CHAPTER 172 | | |
|---|---|--|
| PLAN NAME & TELEPHONE NUMBER | NJ PLUS In-network (800) 414-7427 | NJ PLUS Out-of-network¹ (800) 414-7427 |
| SERVICE AREA | All of NJ, DE, FL, NC, SC, and VA; Parts of NY and PA | Unrestricted |
| HOSPITAL INPATIENT | 100% | 70% after \$200 per hospital stay deductible |
| SKILLED NURSING FACILITY | 100% up to 120 days per calendar year | 70% for up to 60 days per calendar year |
| HOSPITAL PRE-ADMISSION TESTING | 100% | 70% after deductible |
| PHYSICIAN (SURGERY) | 100% | 70% after deductible |
| PHYSICIAN (OFFICE VISITS) | 100% after \$5 per visit copayment | 70% after deductible; no coverage for wellcare |
| CHIROPRACTIC | 100% after \$5 per visit copayment; 30 visits per calendar year; no PCP referral required | 70% after deductible for up to 30 visits per calendar year |
| EMERGENCY ROOM ACCIDENT/ NON-ACCIDENT | 100% after \$25 ² copayment if reported to PCP and/or NJ Plus within 48 business hours | 100% after \$25 ² copayment if reported to NJ PLUS and/or PCP within 48 business hours. If not reported within 48 hours, subject to deductible and coinsurance. |
| RADIATION/ CHEMOTHERAPY OUTPATIENT | 100% | 70% after deductible |
| HOSPICE | 100% | 70% after deductible |
| IMMUNIZATIONS | 100% after \$5 copayment per visit (except for travel) | 70% for children under 12 months after deductible |
| PHYSICAL EXAMS | 100% after \$5 per visit copayment | Not covered |

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

²NJ PLUS requires notice to the PCP within 48 hours of the incident. Copayment waived if admitted.

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| PLAN NAME & TELEPHONE NUMBER | NJ PLUS In-network (800) 414-7427 | NJ PLUS Out-of-network ¹ (800) 414-7427 |
|--|--|--|
| MATERNITY | \$5 copayment for first prenatal visit, then 100% covered. | 70% after deductible |
| WELL BABY | 100% after \$5 per visit copayment | Not covered |
| ALCOHOL ABUSE (INPATIENT) | Same as any other illness | Same as any other illness |
| DRUG ABUSE (INPATIENT) | Same as any other illness | Same as any other illness |
| ALCOHOL ABUSE (OUTPATIENT) | 100%, no visit limit | 70% after deductible |
| DRUG ABUSE (OUTPATIENT) | 100%, no visit limit | 70% after deductible |
| MENTAL HEALTH (INPATIENT) ³ | 100% for up to 25 days per calendar year; balance at 90% up to annual/lifetime maximums | 50 days per calendar year at 50% after deductible up to annual/lifetime maximums |
| MENTAL HEALTH (OUTPATIENT) ³ | 90% up to \$15,000 annual /\$50,000 lifetime maximum | 70% after deductible up to \$15,000 annual /\$50,000 lifetime maximum |
| PHYSICAL/SPEECH THERAPY ⁴ | 100% after \$5 per visit copayment | 70% after deductible |
| HOME HEALTH CARE | Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered | Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered; subject to out-of-network insurance and deductible |
| DISEASE MANAGEMENT | Diabetes only | Diabetes only |
| PRIVATE DUTY NURSING | Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities | Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities |
| INFERTILITY SERVICES | Must be pre-authorized; diagnosis covered; treatment covered with limitations | Call plan for pre-authorization; diagnosis covered; treatment covered with limitations; subject to out-of-network insurance and deductible |

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

³Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

⁴Speech therapy limited to restoration after a loss or impairment of a demonstrated previous ability to speak. To develop or improve speech after surgical correction of a birth defect.

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| PLAN NAME & TELEPHONE NUMBER | NJ PLUS In-network (800) 414-7427 | NJ PLUS Out-of-network¹ (800) 414-7427 |
|---|---|--|
| X-RAYS/LAB TESTS | 100% after \$5 per visit copayment | 70% after deductible |
| DENTAL COVERAGE WITHIN YOUR MEDICAL PLAN | None | None |
| VISION | 100% after \$5 copayment; one exam per calendar year; no referral needed | None |

| NJ PLUS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS | | |
|---|---|--|
| PLAN NAME & TELEPHONE NUMBER | NJ PLUS In-network (800) 414-7427 | NJ PLUS Out-of-network¹ (800) 414-7427 |
| DEDUCTIBLES (INDIVIDUAL) | None | \$100 per year (most expenses); \$200 per hospital admission |
| DEDUCTIBLES (FAMILY MAXIMUM) | None | \$250 per year (most expenses); \$200 per hospital admission |
| MAXIMUM OUT-OF-POCKET (INDIVIDUAL) | \$400 per calendar year (coinsurance only) | \$2,000 per year (coinsurance only) |
| MAXIMUM OUT-OF-POCKET (FAMILY) | \$1,000 per calendar year (coinsurance only) | \$5,000 per calendar year (coinsurance only) |
| MAXIMUM PLAN COVERED EXPENSES | Unlimited; \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year. ³ | \$1,000,000 lifetime (major medical expense only); \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year. ³ |

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

³Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

| PRESCRIPTION DRUG COVERAGE AVAILABLE UNDER CHAPTER 172 | |
|--|--|
| PRESCRIPTION DRUGS <i>FOR EMPLOYEES</i> (PROVIDED BY THE EMPLOYEE PRESCRIPTION DRUG PLAN) | Copayments: Pharmacy - 30 day supply Generic - \$1 Name brand - \$5 Mail Order - 90 day supply Generic - \$1 Name brand - \$5 |
| PRESCRIPTION DRUGS ⁵ <i>FOR RETIREES</i> (PROVIDED BY NJ PLUS) | Copayments: Pharmacy - 30 day supply Generic - \$6 Preferred brand - \$13 Other brands - \$26 Mail Order - 90 day supply Generic - \$6 Preferred brand - \$19 Other brands - \$32 Maximum copayments per member are \$474 per year. |

⁵Certain prescription drugs may require precertification prior to purchase. Please contact NJ PLUS for details at: 1-800-414-SHBP.